

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/700078

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2	1	2		
9		2	1			
10				1		
11				1		
12				2		
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50						
TOTAL IND.	2		4			
TOTAL DEP.	14		14			
TOTAL CLAIMS	16		18			

	IND	DEP	IND	DEP	IND	DEP
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